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To:	USPTO	Fromi	Claire Wygand for Cathy R. Moore
	Examiner Chhaya SAYALA	•	Phone: (704) 365-4881
	Art Unit 1761		Fax: (704) 385-4851
Fex:	(571) 273-8300	Pages:	15 pages total
			Transmittal facsimile cover sheet (1 page)
	•		1-month extension of time (1 page)
			Fee Sheet (1 page)
			Credit card form (1 page)
			RCE (1 page)
			Amendment (10 pages)
Phone:		Date	August 12, 2005
<b>Re:</b>	Application No. 10/057,212; Filed 1/24/02	CCI	
	Our Ref.: 01/016 NUT		•
	Response to Office Action dated 2/17/05		

Fax:7043654851

Dear Examiner Sayala,

Attached are the documents as indicated above.

Respectfully submitted,

Claim Wwaand

Fax:7043654851

PTO/8B/17 (10-03) Approved for use through 07/31/2008. OMB 0661-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL 10/057,212 **Application Number** January 24, 2002 Filing Date for FY 2004 NICO N. RACZEK First Named Inventor Effective 10/01/2003. Patent fees are subject to annual revision. Chhaya D. SAYALA **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1761 **Art Unit** (\$) 910.00 01/016 NUT TOTAL AMOUNT OF PAYMENT Attorney Docket No. FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Check Credit card Other None Large Entity , Small Entity Deposit Account: Fee Føe Pèe Fee Description Code (8) Deposit Account Code (\$) Fee Pald 50-2193 2051 Surcharge - late filing fee or oath 130 1051 Number Surcharge - late provisional filing fee or Deposit 50 2052 1052 ProPat, LLC Account cover sheet 130 Non-English specification 1053 130 1053 The Director is authorized to: (check all that apply) For filing a request for experie reexamination 1812 2,520 1812 2,520 Credit any overpayments Charge fee(a) indicated below 920° Requesting publication of SIR prior to 1804 920 1804 Charge any additional fee(s) or any underpayment of fee(s) Examiner action Charge fee(s) indicated below, except for the filing fee 1805 1,840\* Requesting publication of SIR after 1805 1,840 Examiner sotion to the above-identified deposit account. 120.00 2251 Extension for reply within first month 1251 110 FEE CALCULATION 210 Extension for reply within second month 1252 420 2252 1. BASIC FILING FEE 475 Extension for reply within third month 1253 950 2253 Large Entity Small Entity Fee Description Fee Paid Fee Fee Code (\$) Fee Fee 1254 1,480 2254 740 Extension for reply within fourth month Code (\$) 1.005 Extension for reply within fifth month 1255 2,010 2255 1001 770 2001 385 Utility filing fee 1401 330 2401 165 Notice of Appeal 1002 340 2002 170 Dealgn filing fee 185 Filling a brief in support of an appeal 1402 330 2402 Plant filing fee 2003 265 1003 530 145 Request for oral hearing 1403 280 2403 Releave filing fee 2004 385 1004 770 1,510 Patition to institute a public use proceeding 1451 1,510 Provisional filling fee 1005 160 2005 80 55 Petition to revive - unavoldable 1452 110 2452 **8UBTOTAL (1)** (\$) 1453 1,330 2453 885 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 885 Utility issue fee (or relasue) 2501 Fee from Fee Pald Ext<u>ra Claim</u>s 1502 480 2502 woled 240 Design Issue fee Total Claims X -20\*\* = 840 2503 320 Plant issue fee 1503 Independent - 3\*\* = 130 Patitions to the Commissioner 1460 130 1460 Ciakms Multiple Dependent 50 50 Processing fee under 37 CFR 1.17(q) 1807 1807 Large Entity | Small Entity 180 Submission of Information Disclosure Stmt 180 1808 1808 Fes Foo Fee Description 40 Recording each patent assignment per Fab Fee 40 Code (\$) COQ+ (\$) 8021 8021 property (times number of properties) Claims in excess of 20 2202 1202 18 385 Filing a submission after final rejection (37 CFR 1.129(a)) 770 2809 1809 Independent daims in excess of 3 1201 88 2201 2203 Multiple dependent claim, if not paid 385 For each additional invention to be 290 145 770 2810 1203 **1810** examined (37 CFR 1.128(b)) \*\* Reissue Independent cialms 88 2204 990.00 1204 385 Request for Continued Examination (RCE) over original patent 770 2801 1801 900 Request for expedited examination \*\* Releave claims in excess of 20 1802 800 1802 18 2205 1205 of a design application and over original patent Other fee (specify) \_ (\$) SUBTOTAL (2) \*Reduced by Basic Filing Fee Paid (\$) 910.00 SUBTOTAL (3) \*\*or number previously paid, if greater; For Reissues, see above

(Complete (# eppliceble)) BUBMITTED BY Registration No. Telephone 704 385-4881 Cathy R. Moore 45,784 Nama (Print/Type) (Attorney/Agent) August 12, 2005 Dete Signeture

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